

Index of Claims			Application No.	Applicant(s)				
			10/040,023	JOHNSTON, ROBERT JAMES				
			Examiner Michael B. Shingleton	Art Unit 2817				
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> - (Through numeral) <input checked="" type="checkbox"/> + Restricted	<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected				
Claim	Date		Claim	Date		Claim	Date	
Final	Original		Final	Original		Final	Original	
1	1	1/22/02	51			101		
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18	18		68			118		
19	19	=	69			119		
20	24	7/1	70			120		
21	25	5/1	71			121		
22	26	11/1	72			122		
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			99			149		
			100			150		